



EyeMed Vision Care
Administered by: First American Administrators, Inc.
4000 Luxottica Place
Mason, OH 45040

EXPLANATION OF BENEFITS
*** THIS IS NOT A BILL ***

Page 1 of 2

Group ID: 1012270
Subscriber: JENNIFER HOFFMANN
Group Name: STATE OF NORTH CAROLINA NCFLEX

Date Printed: 09/30/2019

HOFFMANN, JENNIFER
7208 WILEY MANGUM RD
BAHAMA, NC 27503-8893



Claim ID: 104483984100
Member ID: 20633001602
Provider ID: 100000035052

Claim Activity for ELIJAH KONVALINKA (Dependent)
Date of Service: 09/25/2019

Type of Service	Submitted Charge	Plan Shared			Your Cost			
		Allowed	What we will Pay	Discount	Applied to Deductible	Coinsurance	Copay	What you Owe
92012 ROUTINE EXAM, INTERMEDIATE Remarks: PSR	\$109.00	\$89.00	\$25.00	\$64.00	\$0.00	\$0.00	\$20.00	\$20.00
92015 REFRACTION - ROUTINE Remarks: 918	\$70.00	\$70.00	\$0.00	\$70.00	\$0.00	\$0.00	\$0.00	\$0.00
92310 PRESCRIPTION/FITTING CONTACT LENS, STANDARD Remarks: PSR	\$75.00	\$55.00	\$20.00	\$35.00	\$0.00	\$0.00	\$20.00	\$20.00
Totals:	\$254.00	\$214.00	\$45.00	\$169.00	\$0.00	\$0.00	\$40.00	\$40.00
What you owe to Provider PATE, TIFFANY RENA M.								\$40.00
Provider is: In Network								

Notice: The diagnosis and treatment codes (and their meaning) related to the service that is the subject of this Explanation of Benefits (EOB) are available upon request made to the insurance provider.

Claim Information: Annual Benefit Limit(s)

Exam: No remaining benefits for the frequency period in which this service was obtained

Remarks: (Code/Description)

918 = Procedure is included as part of a comprehensive vision exam

PSR = The charge exceeds the allowable rate for the service

EyeMed Vision Care is providing you with this explanation of benefits as a service to our members. If you have questions regarding benefit application, please contact us via the internet at www.eyemedvisioncare.com or by calling 1-866-539-3633.

EYEMED VISION CARE OFFERS

- ☆ Great savings on eye examinations, contact lenses, lens options, and accessories.
- ☆ Your choice of ophthalmologists, optometrists, opticians, and chain retail locations throughout the country.
- ☆ Many providers are open evenings and weekends to accommodate busy lifestyles.
- ☆ Choice of frames available at provider locations.
- ☆ Customer Service Representatives available to answer your questions 7 days a week, including evenings.

Questions about EyeMed Vision Care? Visit our website at www.eyemedvisioncare.com

Insured by, Fidelity Security Life Insurance Company, Kansas City Missouri

YOUR RIGHT TO REVIEW THE PLAN'S DETERMINATION

If you are not satisfied with this coverage decision, you are entitled to a review (appeal) of this benefit determination. To obtain a review, you or your authorized representative should submit your request in writing to:

Member Appeals Coordinator
First American Administrators, Inc.
4000 Luxottica Place
Mason, OH 45040

Your request for a review of this adverse benefit determination must be submitted within 180 days of the date of this Explanation of Benefits.

A copy of the specific rule, guideline, or protocol relied upon in the adverse benefit determination will be provided free of charge upon request by you or your authorized representative. You may also review the documents relevant to your claim.

If your plan is governed by ERISA, you may have the right to bring legal action under section 502(a) of ERISA if you do not agree with the final determination on review. You and your plan may have other alternative dispute resolution options, such as mediation. One way to find out what may be available is to contact your local U.S. Department of Labor office and your state insurance regulatory agency.

GLOSSARY OF TERMS

Claim ID: The number used to track the service you have received.

Submitted Charge: Charges submitted by the provider for services rendered. (Your **benefit** plus **discount** plus **what you owe** totals the submitted charge.)

Allowed: The maximum amount your plan will pay for a covered service. If your provider charges more than the allowed amount, you may have to pay the difference.

Benefit (What We Will Pay): The amount of money paid to or on behalf of the policyholder. (Your **allowed** less the **discount** totals the benefit.)

Deductible: The amount paid out of pocket by the policy holder before the insurance provider pays any expenses.

Discount: Discount of submitted charges negotiated by the payor.

Coinsurance: Your share of the costs of a covered service, calculated as a percent of the allowed amount for the service.

Copay: A fixed amount you pay for a covered service.

Total Member Responsibility: What you owe. (Your **copay**, plus **coinsurance**, plus **deductible**, and any services that your plan does not cover.)